



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	R. Preston Mason	Examiner: Mojdeh Bahar
Serial Number:	10/033,149	Art Group: 1617
Filed:	October 19, 2001	Confirmation No.: 2552
Attorney Docket No.	2189-P01CIP	
For:	SYNERGISTIC EFFECTS OF AMLODIPINE AND ATORVASTATIN METABOLITE AS A BASIS FOR COMBINATION THERAPY	

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To: Assistant Commissioner of Patents
Washington, D.C. 20231

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AMENDMENT AND RESPONSE A

Sir:

In response to the Notice of Non-Compliant amendment dated October 23, 2003, Applicant respectfully submits the following Amendment and Response. A petition for a three (3) month extension of time and required fee are also submitted herewith.

Claims 1, 4, 6-14, 22, 23, 27, 28, and 57 have been amended.

Claims 15-21 are canceled.

Claims 29-56 and 60-62 are withdrawn due to restriction requirement.

Claims 63 - 65 have been added.

Status of the claims begins on page 2.

Remarks begin on page 8.

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Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/033,149
	Filing Date	October 19, 2001
	First Named Inventor	R. Preston Mason
	Art Unit	1617
	Examiner Name	BAHAR, Mojdeh
Total Number of Pages in This Submission	Attorney Docket Number	12915-3 P01CIP

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Post Card
Remarks _____		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Stephen J. Gaudet Reg. No.: 48,921
Signature	
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Typed or printed name	Renee p. Granito		
Signature	<i>Renee P. Granito</i>	Date	10/28/03

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